

21. Diagnosis/ DSM IV-R – Please complete all Axes

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V (GAF):

22. ASAM PPC (Circle one for each Level of Risk)

Level of Risk

	0	1	2	3	4
Dimension I: Withdrawal					
Dimension II: Biomedical Conditions and Complications					
Dimension III: Emotional/Behavioral Conditions and Complications					
Dimension IV: Treatment Acceptance					
Dimension V: Relapse/Continued Use Potential					
Dimension VI: Recovery Environment					

23. Treatment

	Code	# of Sessions (S) or Units (U) per week (circle one)	Session/Unit conversion
<input type="checkbox"/> Individual	H0004	[] S or U per week	1 Session = 4 Units (15 minutes per unit)
<input type="checkbox"/> Group	H0005	[] S or U per week	1 Session = 1 Unit (60-90 minutes)
<input type="checkbox"/> Intensive Outpatient	H0015	[] days/week & [] total hrs/week	Weekly total must be ≥ 9 hrs (Min.2 hrs/day – max. 4 days/wk)
<input type="checkbox"/> Methadone	H0020	Per week	1 Session = 1 Unit (Must include at least one face to face encounter with counselor)

24. Anticipated discharge date from this Level of Care (if known): ____ / ____ / ____

25. Comments – optional (please use additional pages if necessary)

26. Treatment Clinician’s Name:

Printed _____ Clinician Signature _____ Credentials _____ Date _____

Treatment Clinician’s Email Address _____ Treatment Clinician’s Phone Number _____